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Credential Application

Remit to: State of Wisconsin Department of Commerce-Credentialing P.O. Box 78780 Milwaukee WI 53293-0780

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

7:45 a.m. - 4:30 p.m. E-mail: madisoncred@commerce.state.wi.us

THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU:

Phone (608) 261-8467

TTY: Contact Through Relay

- . Sign and date this form;
- Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Instructions: Please review any pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application**. The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats, but they may not be disclosed to anyone except other State of Wisconsin governmental agencies.

Applicant Information	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, E-mail Address:	
Applicant's Signature	Date (mo/day/yr)

<u>Send application and payment to:</u> State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

<u>Overnight mail delivery and Office location:</u> State of Wisconsin, Department of Commerce-Credentialing 201 W. Washington Ave., Madison, WI 53703

All other correspondence: Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

SOIL EROSION INSPECTOR CERTIFICATION

Application and Credential Fee (nonrefundable):

Month Application is mailed	Fee	Month Application is mailed	Fee	Month Application is mailed	Fee
January	\$50.02	May	\$46.70	September	\$53.34
February	\$49.19	June	\$45.87	October	\$52.51
March	\$48.36	July	\$55.00	November	\$51.68
April	\$47.53	August	\$54.17	December	\$50.85

Record the amount of the fee you will be sending in the box below:

Make checks payable to: Department of Commerce. The fee consists of a prorated credential fee of \$40 and a \$15 application fee. The certification will be effective for 4 years from June 30th.

Fee Submitted (nonrefundable):	\$ class code 7655

Reason for Credential: Pursuant to s. 101.88 (2), Stats., no person may conduct the inspection of one- or two-family dwellings or commercial buildings for the purpose of administering and enforcing Wisconsin Administrative Code chapters Comm 60 or Comm 21.125 unless the person holds a credential issued by the department as a Certified Soil Erosion Inspector or Commercial Building Inspector or UDC Construction inspector.

Requirements of Credential: A person who inspects one- or two-family dwellings or commercial buildings as a Certified Soil Erosion Inspector shall:

- Maintain a record of inspections, including the inspection dates and findings;
- Provide a copy of the inspection report to the property owner or owner's agent, and
- Make inspection records available to the department upon request.

A person who holds this credential must carry it on his or her person while conducting the activities permitted under this credential.

Qualifications for Credential: A person applying for a Soil Erosion Inspector Certification shall have completed an approved training course on soil erosion control standards. The following training courses on soil erosion control are approved as quailifying courses for this credential.

Course Name	Phone	Provider
Controlling Erosion from Construction Sites	(608) 789-4824	Mary Jo Webster
CPESC Exam Review Course & Wisconsin Rules	(608) 779-4368	Mary Jo Webster
Erosion Control Inspector/ Installer Training Course and Certification Exam	(608) 789.4824	Mary Jo Webster
Wisconsin Construction Site Erosion Control Workshops for 1 & 2 Family Construction	(608) 355-3554	John Exo-UW Extension
Erosion Control During Construction	(608) 224-3747	Dane County Land Conservation Dept.
Erosion Technical Standards (Course ID 7958) And Erosion Control Qualifying Course Part 2 (Course ID 8020)	(608) 785-9335	Department of Commerce – La Crosse
Controlling Erosion from Construction Sites Under the UDC	(608) 785-9867	Wisconsin Association of Land Conservation
Select, Install & Inspect Construction Site Erosion and Sediment Control BMPs for NPDES Permit Compliance (Course EC11)	(303) 640-7554	International Erosion Control Association

ATTACH to this form evidence that you have completed an approved training course on soil erosion control standards.

Additional training materials relating to this credential are available and may also be ordered through Document Sales @ (608) 266-3358 or @ (800) 362-7253. They are intended to be training guides and may not match the current code.

SBD-9046-P	Soil & Site Evaluation Handbook
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